



Stagehands INC.

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Bill Beard – Accounting Administrator
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susan@stagehandsmke.com
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STAGEHANDS INC. APPLICATION

International Alliance of Theatrical and Stage Employees Local 18

APPLICATIONS

submit application to kate@stagehandsmke.com

There are two main applications to complete to be referred for work with IATSE Local 18. One with Stagehands Inc and one specifically for Fiserv Forum. After an initial application is submitted, an account in our Call Steward system might be created and your information forwarded to the dispatchers. If one is created, you will be contacted by the Stagehands Inc office to complete paperwork and partake in an onboarding session. Additionally, Fiserv Forum will send you a link to apply online.

Applying for work does not automatically mean that you will be offered work and is at the discretion of the office staff and referral needs at that time. If an account is created, you will receive an email to set up your Call Steward account. In the event you are not assigned or have not accepted work within 90 days of applying, your application may become invalid, and your Call Steward account deleted.

CALL STEWARD / DISPATCHING

Work assignments are initially based on skills and availability and are dispatched through our **Call Steward** system. After being sent a password reset link, log in and explore the platform. Work assignments are sent out via text. It is imperative that you log in and respond to work assignments as quickly as possible. You must confirm the work call being offered! Confirm, Pass, or Decline immediately. To **confirm** means that you will check in with the Steward at the job, and ready to work at the start time. To **pass** means that you can't work that job for some reason but are still available that day. To **decline** means that you are not available that day. Keep your vacation/availability up to date in your profile to expedite work calls. If you need to "**call out**" from an assignment, contact the appropriate dispatcher immediately. Their contact information is at the top of this page.

JOB STEWARD / TECH LEAD

You are expected to be prompt when reporting for work and check in with the Steward or Tech Lead upon arrival at the call. You are expected to always maintain a professional demeanor. If you have any questions on your assignment, ask the Steward first. They are your point person for all matters regarding the work assignment and your union representative. They are also the point person for declaring breaks and release at the end of the work service. If you don't check in with the Steward, they don't know you are there!

PAYMENT OF WAGES and WORK LOCATIONS

There are several employers and payroll providers for the Local 18 Referral Hall. If you work at a “new to you” venue, you may be required to fill out additional payroll forms to receive wages. **Always bring your IDs for I9 verification and direct deposit information for your first time at a venue.**

Stagehands Inc. process payroll for work at: Milwaukee World Festival (Summerfest), Wisconsin Center District (Convention Center, Miller High Life Theatre, Panther Arena), American Family Field, and any work assignment through our basic service agreement. Information for payment of wages and year end taxes is available electronically at www.paylocity.com. You may view your account the week after your first work assignment. **Our company ID with Paylocity is N4603.** In your Paylocity account, you can make changes to personal information such as your address, telephone, email, bank information, withholding tax, etc. Information can also be updated with Susan Miller, the Payroll Administrator, at the Stagehands Inc office at (414) 272-3540 x 5.

Fiserv Forum, The Pabst, Riverside, Marcus Performing Arts Center, and The Milwaukee Repertory Theater all process their own payroll. If you have questions regarding pay at any of these locations, you must contact them. Refer to any paperwork they have given you for contact information.

WHAT TO BRING

Always come equipped for work and weather. Dress accordingly with sturdy, closed-toe shoes as well as durable clothes. The work includes pushing, pulling, lifting, climbing and crawling. Gloves are standard and strongly encouraged. Also, a simple toolkit is important. Bare bones kit should include a crescent wrench, cutting device (multi-tool or utility knife), a multi-tip screwdriver and a small flashlight.

BE PREPARED / FREQUENTLY ASKED QUESTIONS

Verify that you have the right time and place before you depart for the call. Be sure to allow time for traffic, security, and finding your way to where you need to be. If you have credentials, including parking or venue documents, be sure to bring them along. Refer to our website for frequently asked questions. <http://www.iatse18.org/employee-resources/>

BREAKS AND MEALS

Breaks are appreciated, but not required under contracts. A 15-minute break is generally every 2 to 2.5 hours of work. Unpaid meal breaks last 1 hour and paid meal breaks last 30 minutes. One or the other will be given every 4 to 5 hours depending on the production schedule. The IATSE Local 18 Steward will call all breaks and mealtimes. Do not take a break or go to a meal without authorization from your Steward. Hospitality is offered at the discretion of the tour or venue, and only available to stagehands as dictated by the Steward. Smoking is only allowed in designated areas.

INJURY ON THE JOB / WORKER'S COMPENSATION

In the event you are injured, you must contact the Steward/Tech Lead and complete a **Wisconsin First Report of Injury Form**. If you require medical attention, be sure to inform the medical provider that it is a Worker's Compensation injury for Stagehands Inc. It is your responsibility to submit the First Report of Injury (within 7 days) and any information to the Stagehands Inc. business office so your claim can be processed by the insurance company. Failure to notify Steward/Tech Lead and the business office may result in your claim being delayed/denied and potentially having any medical costs become your responsibility. If you are injured on a job at an employer other than a Stagehands Inc. venue, they will have their own Worker's Compensation insurance, and injuries must be reported to them directly and not to Stagehands Inc.

Stagehands Inc Employment Application

APPLICANT INFORMATION		Date
Last Name	First Name	M. I.
Street Address		Apt #
City	State	Zip
Cell Phone	Email	
Date Available	SSN (filled out in office)	
Are you a citizen of the Unites States? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If no, are you authorized to work in the USA? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/>		When
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>		

EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	Phone:

WERE YOU REFERRED BY A MEMBER, AFFILIATE, OR ANOTHER IATSE LOCAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, who referred you		

AREA OF EXPERTISE: SKILLSETS AS RELATED TO STAGEHAND WORK	
Rate yourself for each skill: 0 = no experience, 1 = some, 2 = average, 3 = experienced 4 = expert	
Audio Technician _____ Carpenter - stage _____ Flyman _____ Operator – Light Board _____ Consoles: _____ Properties Master _____ Rigger – Ground _____ Truck Loader _____ Other: _____	Automation _____ Electrician - stage _____ Forklift _____ Operator – Sound Board _____ Consoles: _____ Rigger – Climbing _____ Spotlight _____ Video Technician _____

AREA OF INTEREST: RANK UP TO THREE SKILLSETS YOU WISH TO SPECIALIZE IN		
1.	2.	3.

EDUCATION	
Last School Attended:	Year
Degree of Certification:	

EMPLOYMENT HISTORY: as it relates to stage technician work OR attach a resume

Company	From	To
Responsibilities:		
Company	From	To
Responsibilities:		

REFERENCES: List up to three professional references OR attach resume

Name	Relationship
Company	Phone
Name	Relationship
Company	Phone
Name	Relationship
Company	Phone

REPRESENTATION

I, hereby authorize Local #18 of the International Alliance of Theatrical Stage Employees (IATSE) to negotiate, bargain collectively and present and discuss grievances with my Employer as my representative and my sole and exclusive bargaining agency. I understand that I am forbidden to waive any provision of IATSE Local #18's contractual agreements for any reason.

REFERRAL FEE ASSESSMENT

I hereby authorize all Employers to deduct a Referral Fee from my gross wages in the amount that is currently applicable (5%), and to remit that amount to IATSE Local 18. If any Employer is unable to deduct the Referral Fee from my wages, I agree to have money deducted from future payrolls processed through Stagehands Inc. to pay the cost of past due referral fees. In the event you do not work when money is owed, an invoice will be sent. Payments must be made within fifteen (15) days of the date of invoice. The need to invoice these Fees may result in additional administrative charges.

DISCLAIMER AND SIGNATURE

- I understand that this application expires in ninety (90) days if I do not receive and accept a work referral from the IATSE Local #18 Referral Hall.
- I agree to the above stated Representation and Referral Fee Assessment.
- I certify that my answers are true and correct to the best of my knowledge and do hereby authorize Stagehands, Inc. to obtain any necessary background, criminal record and driving record checks.
- I understand that false or misleading information in my application or interview may result in removal from consideration or termination of employment.
- I have read and acknowledge the application information as stated in this packet.
- I consent and acknowledge that by typing my name below serves as a legal binding signature.

Signature:	Date:
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REFERRAL FEE DEDUCTION AUTHORIZATION

PERSONAL INFORMATION		
Last Name	First Name	M. I.
Cell Phone	Email	

REFERRAL FEE DEDUCTION AUTHORIZATION		
<p>The Fiserv Forum and Alpine Valley Music Theatre, as part of its payroll services, will offer a voluntary payroll deduction for IATSE Local 18 employee referral fees. Participating employees will agree to the terms of this authorization and will sign and date this form to initiate a referral fee deduction.</p>		
<p>I, _____ (print name), hereby authorize Fiserv Forum Payroll Department and Live Nation Payroll Department to deduct referral fees at 5.0% of gross wages, to be submitted to IATSE Local 18 on my behalf. This deduction will continue throughout the contract unless the employee revokes it within 30 days by written notice to Fiserv Forum, Alpine Valley Music Theatre and IATSE Local 18. The deduction shall be discontinued upon retirement or termination of employment.</p> <p>The deduction of 5.0% will remain in place unless Fiserv Forum and Live Nation are notified by a certified representative of IATSE Local 18 that the required percentage fee has been changed by a formal action from the Union. It is understood that any percentage change will continue to be authorized for deduction.</p>		
<p>By signing this form, I agree to the voluntary deduction of referral fees as stated in the above terms. Deductions will begin on the next payroll transmission.</p>		
<p>**Not providing Fiserv Forum and Live Nation Payroll Departments the ability to make a payroll deduction does not relieve the Employee from the responsibility of paying the referral fees for IATSE Local 18 Referral Hall services. The need to invoice these Fees may result in additional administrative charges.</p>		
<p>I consent and acknowledge that by typing my name below serves as a legal binding signature.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;">Signature:</td> <td style="width: 50%; border: none; vertical-align: top;">Date:</td> </tr> </table>	Signature:	Date:
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